

# Completing the death certificate is one of the last things the physician can do for the patient

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## Why is the death certificate so important?

### Families

Families cannot proceed with business without a completed death certificate. It is needed for:

- Probating estates
- Insurance Claims
- Social Security
- Veterans' benefits
- Retirement benefits

### Public Health

- Monitor the leading Causes of Death
- Unintentional Injury, suicide and homicide related deaths
- Infant deaths
- Occupation-related deaths

## Who should sign the certificate?

Was this your patient, were you the attending physician, were you prescribing medication for an ongoing illness or condition, were you covering for an out of town colleague? If so, you are the best person to complete the medical certification of death.

### (KRS 213.076)

Kentucky Statute states that the medical certification shall be completed, signed, and returned to the funeral director within five working days after presentation to the physician, dentist, or chiropractor in charge of the patient's care for the illness or condition which resulted in death, except when inquiry is required by KRS 72.400 to 72.475. In such cases, the coroner shall complete and sign the certificate within five days after receiving results of the inquiry as required by KRS 72.400 to 72.475. In the absence of the physician, dentist, or chiropractor, or with such person's approval, the certificate may be completed and signed by his associate physician, dentist, or chiropractor; the chief medical officer of the institution in which death occurred; the physician who performed an autopsy upon the decedent; or a physician employed by the local health department, if the individual has access to the medical history of the case and death is due to natural causes.

## Certifiers should complete items 23a. – 30f.

The Office of Vital Statistics can no longer register a Certificate of Death if Items 23a.-29. are not answered. Items 30a.-30f. must only be answered if applicable, if death was due to any type of injury (accident, suicide, homicide, etc. anything other than natural).

### KRS 213.041 National uniformity of documents

(1) In order to promote and maintain nationwide uniformity in the system of vital statistics, the forms of certificates and reports required by this chapter, or by administrative regulations adopted hereunder, shall include, as a minimum, the items recommended by the federal agency responsible for national vital statistics.

(2) Each certificate, report, and other documents required by this chapter shall be on a form or in a format prescribed by the cabinet with due consideration for national uniformity.

**All certificates shall be typewritten with the exception of required signatures which shall be written legibly in unfading blue or black ink.**

(3) No certificate shall be held to be complete and correct that does not supply all items of information called for therein or satisfactorily account for their omission, except as provided in KRS 199.570(3). If a certificate is incomplete, the local registrar shall immediately notify the responsible person and require that person to supply the missing items, if that information can be obtained.

(4) All vital records shall contain the date required for registration.

(5) No person shall charge or collect from any member of a family in which a birth or death occurs, any fee for completing and filing a report, or any other act of duty imposed upon them by this chapter.

## What if I'm not sure about the final cause of death?

Cause of death should be recorded based on your best medical opinion. Terms such as "probable", "possible", etc. can be used when the certifier is not comfortable with an exact diagnosis. All significant conditions can then be listed as necessary.

## Who signs the certificate when the patient dies at home?

The Coroner, unless he determines that the attending physician has sufficient information to state cause of death.

**KRS 72.465** (1) The coroner shall in his sound discretion determine the extent of inquiry to be made into any death occurring under natural circumstances and falling within the provisions of KRS 72.410 to 72.470, and if inquiry reveals that the physician of record has sufficient knowledge to reasonably state the cause of death occurring under natural circumstances, the coroner may authorize that physician to sign the certificate of death. In all other instances, the coroner shall sign the death certificate in coroner's cases.

(2) In the event an autopsy is performed under the provisions of KRS 72.410 to 72.470 subsequent to the time that a death certificate has been filed with the Cabinet for Health and Family Services, Vital Statistics Branch, the coroner shall notify the Vital Statistics Branch of any change that may be necessary in the original certificate.

## How long do I have to complete the death certificate?

The medical certification shall be completed, signed, and returned to the funeral director within five working days after presentation.

**KRS 213.076** (1) states, "The funeral director, or person acting as such, shall within five days of the death, present the certificate to the attending physician, if any, or to the health officer or coroner as directed by the state registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record as required by this chapter."

**KRS 213.076** (3) states, "The medical certification shall be completed, signed, and returned to the funeral director within five working days after presentation to the physician, dentist, or chiropractor in charge of the patient's care for the illness or condition which resulted in death, except when inquiry is required by KRS 72.400 to 72.475." In such cases, and if the cause of death is unknown or under investigation, the cause of death shall be shown as such on the certificate. A supplemental report providing the medical information omitted from the original certificate shall be filed by the certifier with the state registrar within five days after receiving results of the inquiry as required by KRS 72.400 to 72.475. The supplemental report shall be made a part of the existing death certificate. This report shall be considered an amendment, and the death certificate shall be marked "Amended."

## What must be reported to the Coroner?

Homicide

Suicide

Presence of drugs or poisons

Motor vehicle accidents

Bodies found near roadway or railway

Deaths in police custody, mental institutions or penal institutions

Death from fire or explosion

Finding human remains/skeletons

Drowning

Sudden Infant Deaths

Death of person under age 40 with no past medical history to explain the death

When body is to be cremated and no past medical history to explain the death

Sudden and unexplained deaths

Death occurs more than 36 hours after the decedent was last treated or attended by a physician, dentist, or chiropractor

## Responsibility for medical information

In order for a record to be accepted for filing, certain medical items must be completed. The physician's signature on the record indicates concurrence that all medically related information provided is accurate and true, to the best of his or her knowledge. The physician and funeral director must work together to ensure a complete record is filed.

## INSTRUCTIONS FOR COMPLETING THE KENTUCKY CERTIFICATE OF DEATH

**Items 23a., 23b., & 24.** Signature and Title of person certifying the certificate of death (Physician, Dentist, Chiropractor or Coroner), date certificate is signed and name and address of person (certifier) who completed cause of death.

<b>CERTIFIER</b>	23a. To the best of my knowledge, death occurred at the time, date, place and due to the causes stated	23b. DATE SIGNED (Month, Day, Year)
	Signature and Title _____ (MUST USE BLACK INK)	
24. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28)		

**Items 25., 26., & 27.** Time death occurred, Date death occurred and Was case referred to medical examiner?

25. TIME OF DEATH	26. DATE PRONOUNCED DEAD (Month, Day, Year)	27. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Item 28. Part I, a, b, c, & d.** Line a should have the Immediate cause: final disease or condition resulting in death. If the condition on Line a resulted from an underlying condition, put the underlying condition on Line b, and so on, until the full sequence is reported. **Always** enter the **underlying cause of death** on the lowest used line in Part I.

Enter best estimate of the interval between presumed onset and the date of death. General terms such as minutes, hours or days are acceptable; terms such as "unknown" or "approximately" may be used.

<b>CAUSE OF DEATH</b>	28. PART I. Enter the diseases, injuries, or complications that caused death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.		Approximate interval between onset and death.
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. _____ DUE TO (OR AS A CONSEQUENCE OF):	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. _____ DUE TO (OR AS A CONSEQUENCE OF):	
	c. _____ DUE TO (OR AS A CONSEQUENCE OF):		
	d. _____		

**Items 28, Part II. 28a., 28b., & 28c.,** (self explanatory) If decedent was a male do not answer 28a.

PART II. Other significant conditions contributed to death but not resulting in the underlying cause given in Part I.	28a. If female, was there a pregnancy in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	28b. Was an autopsy performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	28c. Were autopsy findings available prior to completion of cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Item 29.** (self explanatory)

**Items 30a.-30f.** Must only be completed if manner of death is other than Natural.

29. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide	30a. DATE OF INJURY (Month, Day, Year)	30b. TIME OF INJURY	30c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	30d. DESCRIBE HOW INJURY OCCURRED
30e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			30f. LOCATION (Street and Number or Rural Route Number, City or Town)	

For more information:  
State Office of Vital Statistics  
Cabinet for Health and Family Services  
275 E. Main St. 1 E-A  
Frankfort, KY. 40621  
(502) 564-4212 ext. 3980 & ext. 4425  
<http://chfs.ky.gov/dph/vital/>

## WHAT EVERY PHYSICIAN SHOULD KNOW ABOUT CERTIFYING THE DEATH CERTIFICATE



## KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES OFFICE OF VITAL STATISTICS

